

State of Maine

DEPARTMENT OF STATE

BUREAU OF MOTOR VEHICLES AUGUSTA, MAINE 04333

DRIVER MEDICAL EVALUATION

THIS IS THE ONLY MEDICAL REPORTING FORM THAT WILL BE ACCEPTABLE TO THE BUREAU OF MOTOR VEHICLES.

ADDRESS	DATE OF BIRTH
	TELEPHONE #
CER	TIFICATE OF EXAMINATION
FOR THE REPORTING PHYSICIAN:	
	en raised as to the possibility that this applicant may have a mental/physical conditi hicle safely. Your report will be advisory and used to assist in determining eligibility for all the Medical Review Coordinator's office.
 A physician acting in good faith is immune from any MRSA Section 1258 (6). 	damages claimed as a result of the filing of a certificate of examination pursuant to 29
	CTIONAL ABILITY PROFILE without reference to the Functional Ability Profiles Booklet*
DIAGNOSIS (PLEASE PRINT OR TYPE) If COPD, need 02 Sats.	PROFILE LEVEL THIS SECTION MUST BE COMPLETED, CHECK ONLY ONE BOX PER DIAGNOSIS
iu of Motor Vehicles, for the purpose of determin	sount is the recess of its remainisory pile Semary of State. Burea r for a univer's lacense by
3182	Collection
Date of last examinationmust be within p. For seizures or loss of consciousness give date of m	ast year
Current prescribed medication(s):	Sin cases with the same of position of the same of the
Specialty	Signature
No medication prescribed	Reliability in taking medication
	Good Fair Poor Unknown
Has this patient demonstrated any side effects from	m current medication(s) which would interfere with safe operation of a mo

PHYSICIAN'S COMMENTS

Important — please describe physical and/or cognitive	deficits.) AUS
LL SE ACCESTABLE TO THE BUREAU OF MOTOR VERGLES	
	- IMAN
DATE OF BIRTH	ADDRESS
TELEPHONE #	
OF EXAMINATION	CERTIFICATE
the procedular start due applications are to assist in determining eligibility for a current continue of the advisory and used to assist in determining eligibility for a current continue of the current current current continue of the current curr	When could affect his head of drive a motor vehicle safety. You draw the way to be a few drawns.
A PC at the case neglectors we have sets obtained in profit and to these a sections	MESA Section 1258 (6).
STILLTY PROFILE	FINCTIONAL A
suce to the Functional Ability Profiles Booklet*	
PROFILE LEVEL	DIAGNOSIS
CRECK ONLY ONE BOX PER DIAGNOSIS	U COPE, need 02 Sats.
AUTHORIZATION FOR RELEASE hereby authorize the release of my medical history to the Secretary of	
ligibility for a driver's license by:	
от or	Hospita
Signature of Patient	Date
Please forward this form directly to your physician for completion)	
How long has applicant been your patient?	Date of last examination
Being duly licensed to practice in the state of	I hereby certify that I have examined this applicant
Signature	Specialty
Physician's Name Printed or Typed	Address
Office Phone Number	Date

Reply to: Medical Review Coordinator

Bureau of Motor Vehicles 29 State House Station Augusta, Maine 04333-0029

Telephone: (207) 624-9000, ext. 52124

Fax: (207) 624-9319